

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

UNITED STATES DISTRICT COURT  
NORTHERN DIST. OF TX  
FILED

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS

2020 JAN 16 PM 2:57

DEPUTY CLERK

QR

Jimmy Beets 3811-19

Plaintiff's Name and ID Number

Ellis County Jail

Place of Confinement

**3 - 20 CV - 0118 M**

CASE NO.

(Clerk will assign the number)

v. Sheriff Charles Edge  
300 S. Jackson Street  
Waxahachie, TX 75165

Defendant's Name and Address

Correct Care Solutions

Defendant's Name and Address

300 S. Jackson Street  
Waxahachie, TX 75165

Defendant's Name and Address

(DO NOT USE "ET AL.")

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**INSTRUCTIONS - READ CAREFULLY**

**NOTICE:**

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

**FILING FEE AND *IN FORMA PAUPERIS* (IFP)**

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked **"NOTICE TO THE COURT OF CHANGE OF ADDRESS"** and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

**I. PREVIOUS LAWSUITS:**

A. Have you filed *any other* lawsuit in state or federal court relating to your imprisonment? YES  NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: \_\_\_\_\_
2. Parties to previous lawsuit:  
Plaintiff(s) \_\_\_\_\_  
Defendant(s) \_\_\_\_\_
3. Court: (If federal, name the district; if state, name the county.) \_\_\_\_\_
4. Cause number: \_\_\_\_\_
5. Name of judge to whom case was assigned: \_\_\_\_\_
6. Disposition: (Was the case dismissed, appealed, still pending?) \_\_\_\_\_
7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: Ellis County Jail

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure?  YES  NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Jimmy Beets 3811-19  
300 S. Jackson

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Charles E. Edge, Sheriff, Ellis County Sheriff's  
Office, 300 S. Jackson Street, Waxahachie, TX 75165

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #2: Correct Care Solutions, Medical Staff,  
300 S. Jackson Street, Waxahachie, TX 75165

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Through the authority of Ellis County Sheriffs Office under the administration of Sheriff Charles Edge in cooperation with Correct Care Solutions Medical Staff there has been repeated violation of my Civil Rights and denial of medical care. The grievance procedure outlined on page 8 article C, Nos. i, ii, iii, and iv of the Ellis County Inmate Rules and Regulations is a direct violation of first amendment and fifth amendment rights such as "due process of law" because it states that a grievance written about the denial of medical care does not meet the criteria to be valid. See Attached Exhibit. Therefore, the grievance procedure cannot be exhausted.

## VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Monetary Reparations to pay for denied medical care, ie: surgery, and order the Sheriff to amend the rules appropriately.

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Jimmy Beets and Jimmy Reed and Jimmy Ray Reed

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

Not able to remember.

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES  NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): \_\_\_\_\_

2. Case number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied? YES  NO

C. Has any court ever warned or notified you that sanctions could be imposed? YES  NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): \_\_\_\_\_
2. Case number: \_\_\_\_\_
3. Approximate date warning was issued: \_\_\_\_\_

Executed on: 7 JAN 20  
DATE

Jimmy Beets 3811-19  
300 S. Jackson Street  
Waxahachie, TX 75165  
J. Beets (R.ecd)

(Signature of Plaintiff)

#### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this Seventh day of January, 20 20.  
(Day) (month) (year)

Jimmy Beets 3811-19  
300 South Jackson Street  
Waxahachie, TX 75165  
J. Beets (R.ecd)  
(Signature of Plaintiff)

**WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.**

Wayne McCollum  
Detention Center

To: **BEETS, JIMMY RAY** Cell: **3A-1** Booking#: **3811-19**

In reference to your Grievance dated **12/26/2019**. Please be advised on the following: In order to file a proper Grievance, one of the following must exist:

1. Violation of Civil Rights
2. Criminal Act
3. Abridgement of Inmate Privileges
4. Proscribed Act by a Jailer

COMMENTS

**Grievance #1**

**Date of incident 12/26/19**

**Date filed 1/2/20**

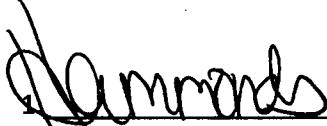
**Date received 1/2/20**

**You must file a grievance within three days of the date of the incident.**

**You were charged once on 12/26/19. It shows two lines, because your account did not have enough money to pay for the charge. It is showing how much is charged, how much was taken from your account, and the amount still owed.**

**You signed documentation in booking before being taken to a housing unit stating that you would be charged for medical services rendered. The charge will remain.**

Grievance Officers Signatures

 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Date: 1/6

I have received my Grievance answer

Inmate Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **ELLIS COUNTY**

## **INMATE RULES AND REGULATIONS**

- E. The only inmates allowed at the monitor during the visitation are the inmates who were called to visit.
- F. If you are on visitation restriction and are caught visiting you will receive another disciplinary case.

### **Money/Property**

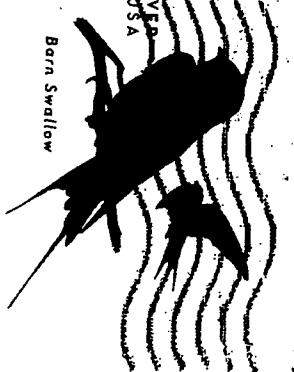
- A. Touch-pay shall be utilized to place money on an inmate's account. Your family can use the web site, western union at certain locations or the kiosk machine in the booking lobby. No personal checks will be accepted.
- B. No gambling, buying, selling, trading, or bartering of any kind is allowed in the Wayne McCollum Detention Center.
- C. Inmates shall not possess cash or monies at any time
- D. Once an inmate's personal property has been sealed and documented the property cannot be reopened. You can release the property to someone but you have to release the whole bag. Personal Property is the property that is put in the clear property bag and sealed. I.E. watch, wallet etc.

### **Services**

- A. Medical services are available to all inmates. Requests for medical services must be made in written form, or verbally, to the Jailer on duty in your housing area. Emergencies will be handled immediately with or without request.
- B. You will be charged to see the medical dept. as follows
  - \$4.00 to see the Nurse
  - \$7.00 to see the Doctor
  - \$7.00 to see the Dentist
  - \$5.00 each for any prescription
  - \$5.00 each for any prescription refill.
  - \$8.00 for X-Rays
  - \$8.00 for lab work
  - \$50.00 for emergency room visits
  1. Full payment for any out of the facility Emergency Care will be dealt with on a case by case basis.
  2. No inmate shall be denied medical services due to his/her inability to pay.
  3. You will not be charged for any continuity of care after a chronic diagnosis or for any Mental Health issues.
- C. Religious services and religious counseling are available from the Chaplain.
- D. Indigent Packages are given out by commissary. You must ask the commissary vendor for one and if you are eligible you will receive a pack. Your account will be charged \$2.00; a negative balance will run indefinitely. Indigent packs will include
  - a. 2 bars of soap
  - b. 1 toothbrush
  - c. 1 pen
  - d. 1 toothpaste
  - e. 3 sheets of notebook paper
  - f. 3 plain envelopes

Jimmy Beets 38 W-19  
300 S. Jackson  
Waxahachie, TX 75165

NORTH TEXAS TX PANE  
DALLAS TX 750  
09 JAN 2000 PM 7 FOREVER  
USA



United States District Court  
Office of the Clerk  
Northern District of Texas  
Dallas Division  
1100 Commerce - Room 1452  
Privileged Correspondence  
Dallas, TX 75242-1495

Entered  
1-8-20